

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

69/698968

FRUNG DATE

APPLICANT(S)

02/07/05

CLAIMS

| NO. | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|----------|------------------------|----------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 25 | 1 | | | | | |
| 26 | 1 | | | | | |
| 27 | X | X | X | X | | |
| 28 | X | X | X | X | | |
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| TOTAL IND. | 1 | ↓ | 4 | ↓ | | |
| TOTAL DEP. | 21 | ← | 36 | ← | | |
| TOTAL CLAIMS | 34 | NON-DEP. | 40 | NON-DEP. | | |

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| TOTAL IND. | | ↓ | | ↓ | | |
| TOTAL DEP. | | ← | | ← | | ↓ |
| TOTAL CLAIMS | | NON-DEP. | | NON-DEP. | | NON-DEP. |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS